

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AB	92192	1/25/00
O.I.P.E. CLASSIFIER	18	21141	05
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	71634	317100	

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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